MAXIMUS Federal Services

Case Number:	CM15-0018300		
Date Assigned:	03/18/2015	Date of Injury:	10/22/2008
Decision Date:	04/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old male sustained an industrial injury on 10/22/08, with subsequent ongoing left shoulder pain. Previous treatment plan included physical therapy, cervical traction, injections, transcutaneous electrical nerve stimulator unit and medications. The injured worker subsequent developed cervical spine pain and right forearm pain due to overcompensation. In an office visit dated 12/17/14, the injured worker complained of persistent left shoulder pain, neck pain with spasms and right forearm pain. Physical exam was remarkable for left shoulder with significant crepitus upon range of motion, positive Neer's and Hawkin's test and restricted range of motion, right forearm with tenderness over the common flexor group and cervical spine with tenderness to palpation and pain that worsened upon range of motion. Current diagnoses included shoulder derangement, left shoulder osteorarthritis, left anterior glenoid labrum lesion with residual bicipital tendinitis, sprained left superior glenoid labrum lesion and subacromial bursitis. The treatment plan included ongoing medications (Norco, Neurontin and Celebrex). The injured worker requested a repeat cortisone injection to the left shoulder. The physician noted that the injured worker's last injection was given in August 2014 and provided relief for several months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco #240 is not medically necessary.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore, the request for NEURONTIN is not medically necessary.

1 cortisone injections to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: According to MTUS guidelines, invasive techniques have limited proven value. If pain with elevation significantly limit activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. However, the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. In this case, there no objective documentation of failure of adequate trials of conservative therapies. Furthermore, it is not clear that the injection is a part of an exercise rehabilitation program. In addition, it is not clear if there a pain with shoulder elevation significantly limiting shoulder mobility. Therefore, the request for 1 cortisone injections to the left shoulder is not medically necessary.